



MONTANA GUARANTEED STUDENT LOAN PROGRAM

Mailing Address:
PO Box 203101
Helena, Montana 59620-3101

DEFAULT RESOLUTION UNIT
postclaims@mgspl.state.mt.us

(406) 444-6594
FAX (406) 444-1869
TOLL FREE: (800) 322-3086

CERTIFICATION TO RELEASE INFORMATION

I, _____, (_____) authorize the Montana Guaranteed Student
Name SSN
Loan Program to disclose and discuss any information regarding my student loan portfolio to the following
individuals and companies:

	Name	ADDRESS	PHONE	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I release the Montana Guaranteed Student Loan Program from all claims, liabilities and costs associated with the disclosure of information to authorized individuals. I agree to send written notification to remove any individuals from this agreement and allow 30 days for the Montana Guaranteed Student Loan Program to make the appropriate adjustments.

I certify that I have read, understand, and agree to the terms of this release.

SIGNATURE

DATE

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

OFFICE USE ONLY

Recd _____
Date Initial

Noted _____
Date Initial

